Medical Inspector General

Update on Inspection Program and Navy Medicine Trends

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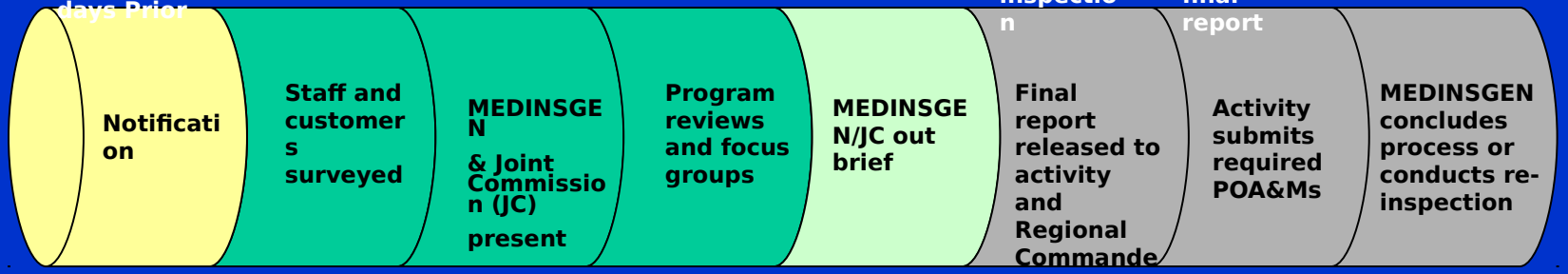
Overview

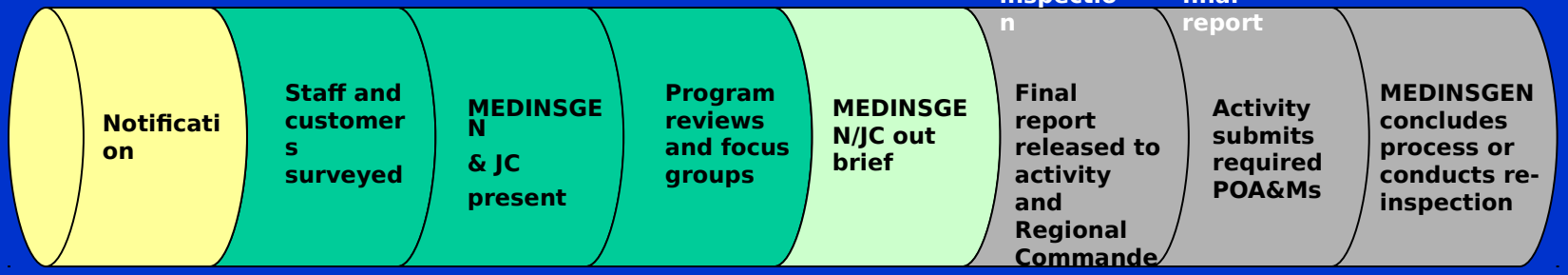
- The Purpose
- The Process
- The Focus
- The Product
- The Findings

The Purpose

- Assess the effectiveness and efficiency of Navy Health Care Commands in support of Navy Medicine's mission
- Investigate, report and assist on behalf of the Navy Surgeon General

The Process


CONUS
5 business days Prior
Notification
Staff and customers surveyed
Day 1
MEDINSGEN & Joint Commission (JC) present
Program reviews and focus groups
Day 3 - 4
MEDINSGEN/JC out brief
NLT 30 days after inspection
Final report released to activity and Regional Commander
Due 90 days after final report
Activity submits required POA&Ms
MEDINSGEN concludes process or conducts re-inspection


OCONUS
30 calendar days prior
Notification
Staff and customers surveyed
Day 1
MEDINSGEN & JC present
Program reviews and focus groups
Day 3 - 4
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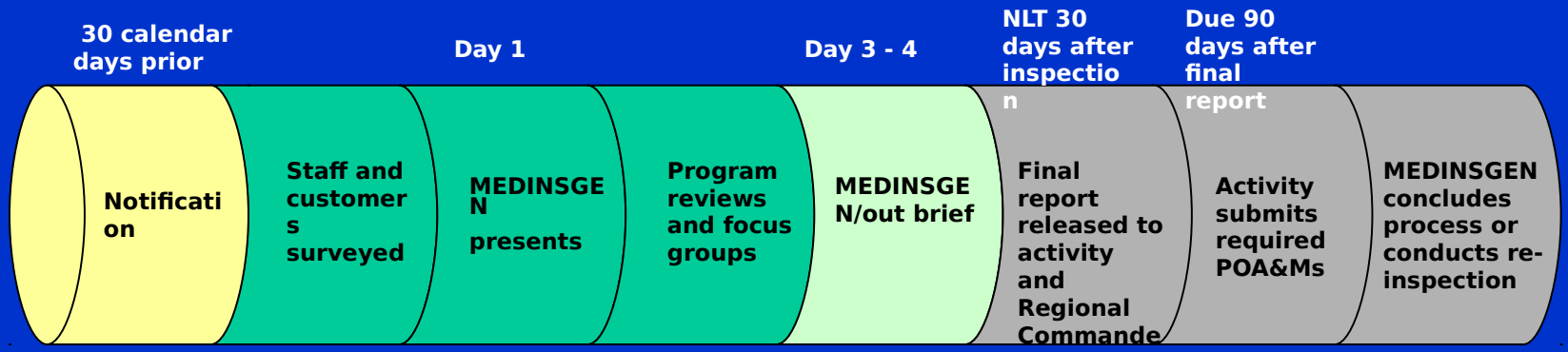

Non-MTF
30 calendar days prior
Notification
Staff and customers surveyed
Day 1
MEDINSGEN presents
Program reviews and focus groups
Day 3 - 4
MEDINSGEN/out brief
NLT 30 days after inspection
Final report released to activity and Regional Commander
Due 90 days after final report
Activity submits required POA&Ms
MEDINSGEN concludes process or conducts re-inspection

The Process

- Assessment of Echelon 4 commands every one to four years
- MEDINSGEN develops schedule
  - Periodicity
  - Randomness
  - Area(s) of Concern
- Strong relationship with the Joint Commission and SOH (MEDOSH)

The Focus
Aligning with BUMED Priorities

- Readiness
  - IMR/PHA, IDC, LIMDU, Operational Forces Medical Liaison, HMSB, Emergency Management Plans, Health Services Augmentation Program, PDHRA and Anti-terrorism
- Quality, Economical Health Services
  - Pregnancy and Parenthood, Standard Organization Compliance, Referral Management, Case Management, Educational and Developmental Intervention Services (EDIS), AHLTA, Business Plan, Health Information Management, Human Research Protection Program
- One Navy Medicine
  - CMEO, Diversity, Awards and Recognition, Human Capital Management (Active Duty, Reserves, Civilians), Command Sponsor/Indoctrination Program
- Shaping Tomorrow's Force
  - Echelon 5/6)Oversight, Drug Free Workplace, SAVI, Retention/Career Development, Professional Development, Urinalysis, Good Order and Discipline, Physical Readiness Program, Performance Evaluation System, Voting Assistance, Bachelor Quarters Management, Off-Duty Employment and Pastoral Care

Additional Focus Areas

- High risk compliance area oversight
  - Contracting
  - Fiscal Management
  - Materials Management
- Safety and Occupational Health
- Community Integration

The Joint Commission (JC)

- Mission: To continuously improve the safety and quality of care provided to the public

- Navy Leaders: Oversight responsibility of the safety and quality of care delivered to our beneficiaries

The Joint Commission (cont.)

Survey Identifies (presence or lack of):

- Framework for supporting care, treatment, and services
- Clear lines of authority and accountability
- Strategic and Annual Goals reflecting command's mission
- Processes to prioritize and allocate resources
- Relationships with community health centers related to natural disasters or homeland security
- Command's adherence to organizational policies
- Command's development and implementation of a safety management program
- Command's development and support of professional growth

JC Function Chapters

- Ethics, Rights, and Responsibilities (RI)
- Provision of Care, Treatment, and Services (PC)
- Medication Management (MM)
- Surveillance, Prevention, and Control of Infection (IC)

JC Function Chapters (cont.)

- Management of Environment of Care (EC)
- Management of Human Resources (HR)
- Management of Information (IM)
- Medical Staff (MS)
- Nursing (NR)

JC Scoring Guidelines

- Category A
  - “Yes” or “No” Standard
- Category B
  - Standard supported by policy or instruction
- Category C
  - Standard that has quantitative measure

JC Changes 2007

- New Name The Joint Commission
- New Logo
- E-Statement of Conditions
- Numbers of RFIs drives accreditation
  - Hosp 10-12
  - Ambulatory 11 (conditional)
- New Emergency Management Tracer
- Suicide Tracer in BHC

Joint Commission (cont.)

- Surveyor out brief is final survey results
  - Flag items of concern prior to JC exit
- Potential increase of Requirements for Improvement

Safety Occupational Health (SOH)

- Navy Safety and Occupational Health (New “Safety Occupational Health” Program Review – Regional inspections
  - Occupational Safety
  - Occupational Medicine
  - Industrial Hygiene
- OPNAVINST 5100.23G
- Inspection collaborative and complimentary to MEDINSGEN and JC survey activity

The Product

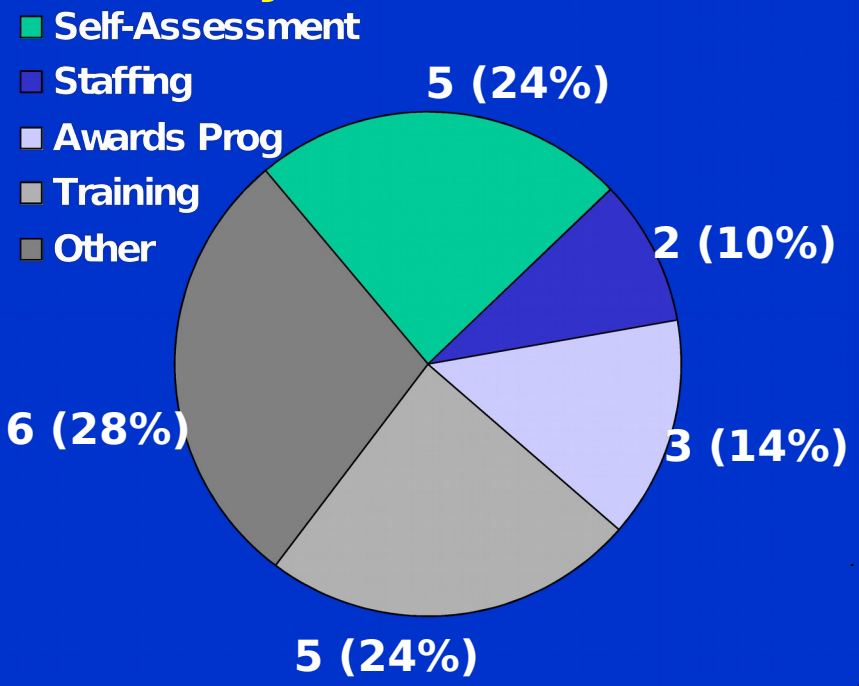
- Integrated Report
- TEAM Approach
  - The Joint Commission looks at leadership under the provision of patient care as a system, how the leaders run the organization (JC Function Chapters)
  - **SOH** evaluates leadership's role in ensuring compliance with OPNAVINST 5100.23G
  - **MEDINSGEN** surveys the facility's external and internal customers to

The Findings

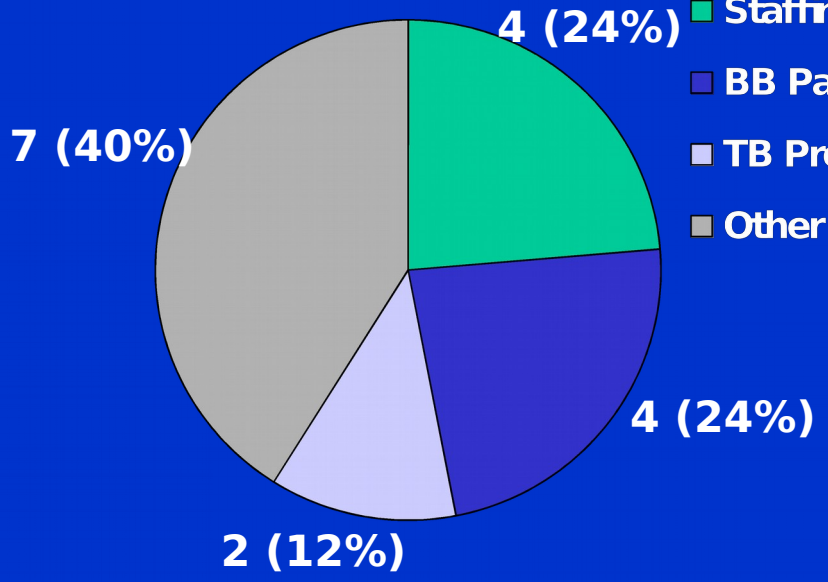
- MEDINSGEN
  - –Program Execution and Oversight
    - Compliance with higher authority guidance
    - Data aggregation, analysis and application
  - –Avoid insular hospital-centricity - BHC oversight and integration
  - –Systemic Findings (AHLTA, Referral process)
- MEDOSH
  - –REPEAT Findings
  - –OSH Self-assessment/training
  - –Survey completion
  - –Staffing effectiveness
    - Program impact

MEDOSH Trends

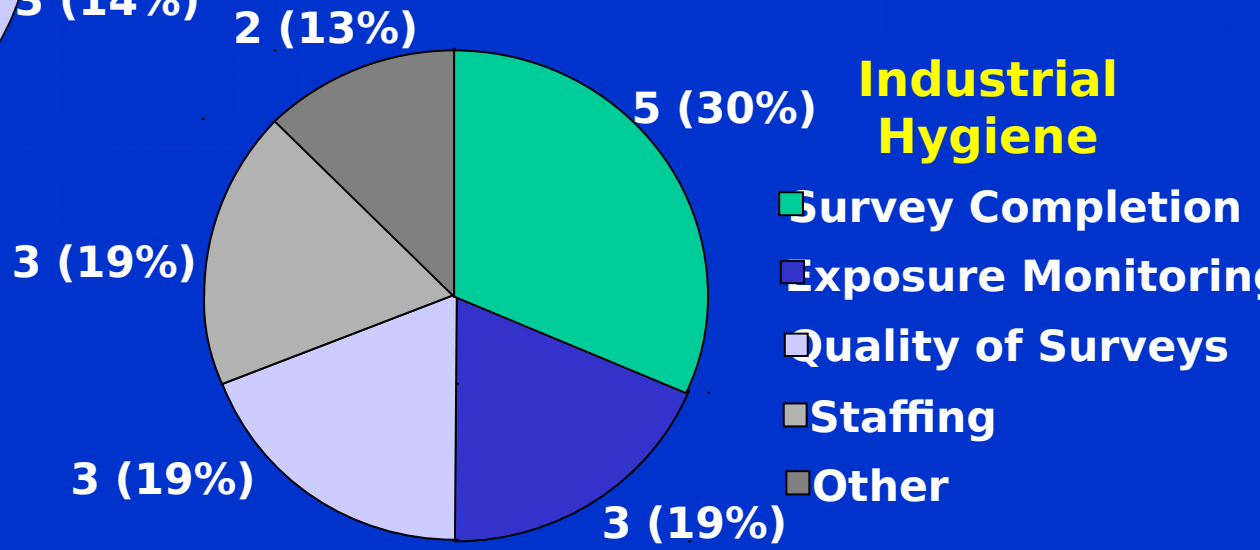
Safety



Occupational Medicine



Industrial Hygiene



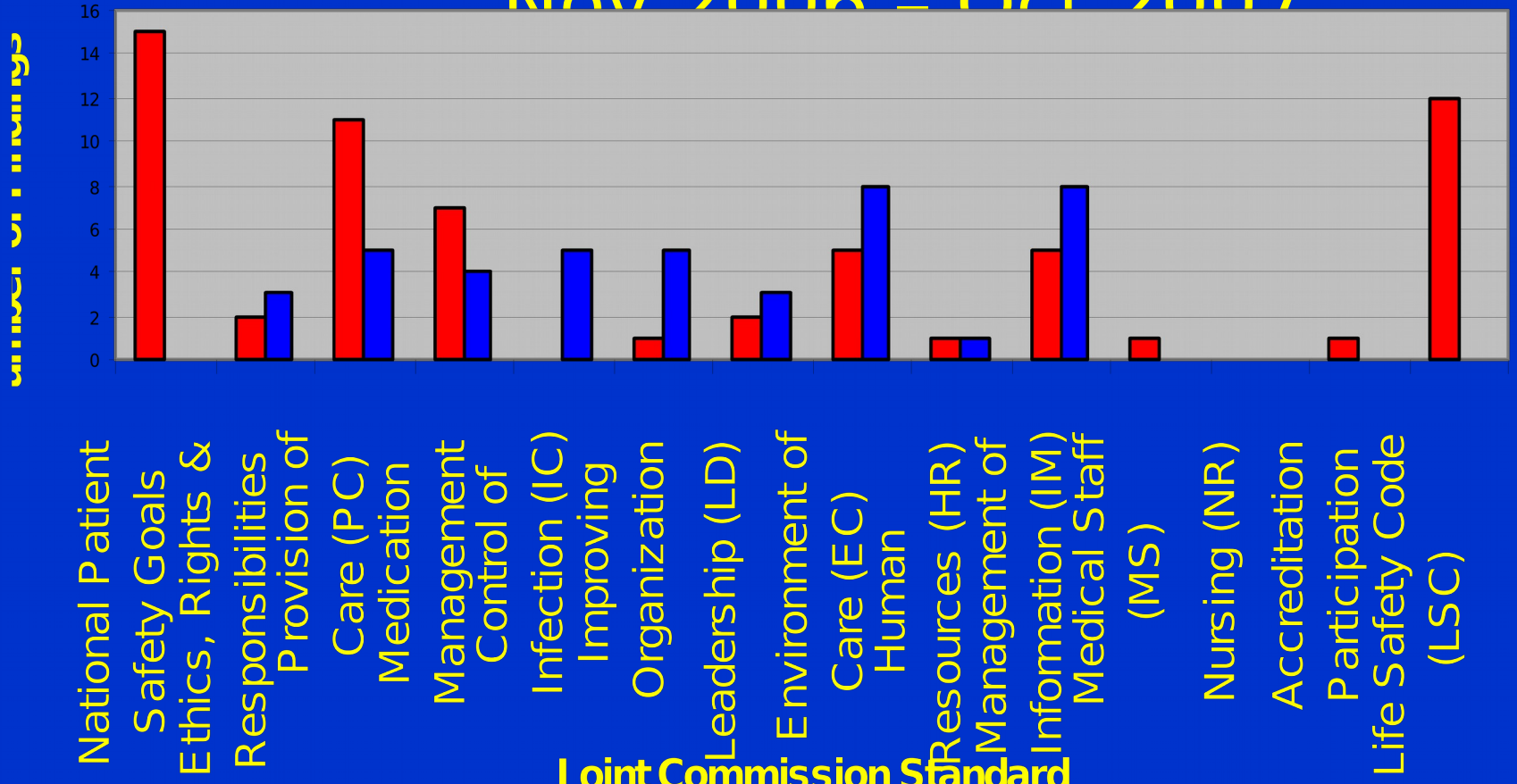
Joint Commission Survey Findings Nov 2006 – Oct 2007

Most frequently cited findings: Environment of Care
National Patient Safety Goals
Information Management
Provision of Care

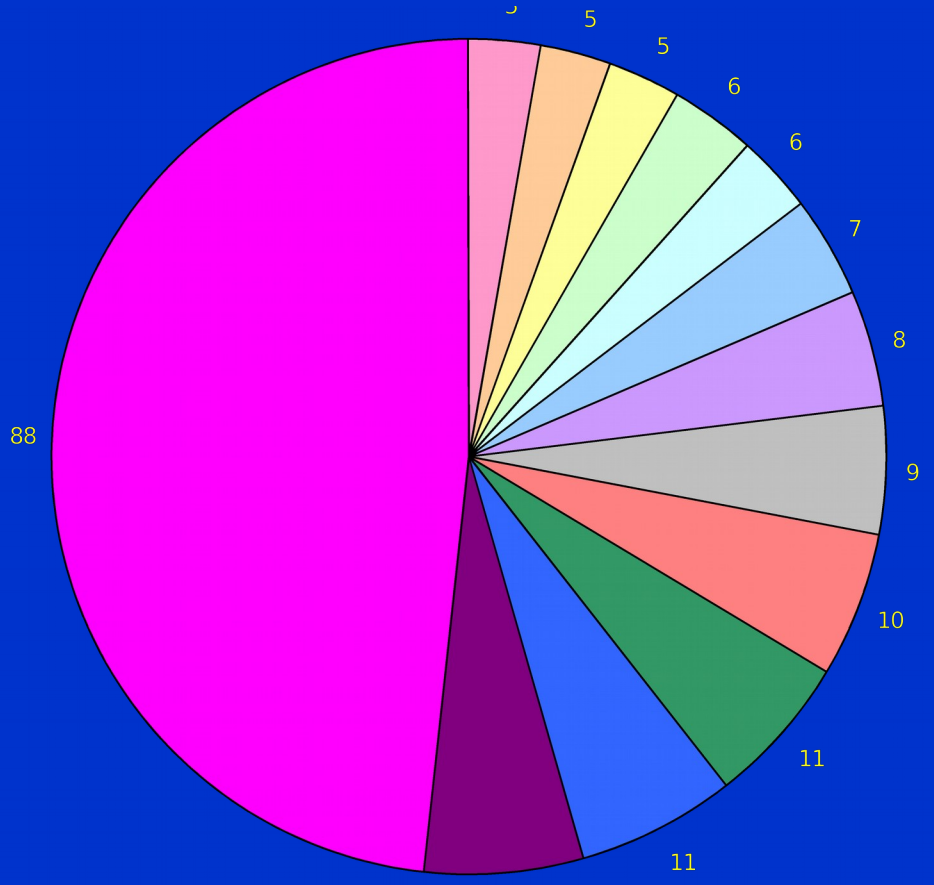
- Requirements for Improvement
  - National Patient Safety Goals
    - Universal Protocol – time out
    - Medication Reconciliation
  - Provision of Care
    - Plan of Care (Behavioral Health)
    - Pain Assessment/Reassessment
  - Medication Management
    - Properly and safely stored
  - Environment of Care
    - Managing fire safety risk
    - Life Safety Code

- Supplemental Findings
  - National Patient Safety Goals
    - Do Not Use Abbreviations
  - Environment of Care
    - Managing risk – safety, hazardous materials/waste, fire
    - Interim Life Safety Code
  - Information Management
    - Problem Summary Lists
    - Complete/Accurate Record
  - Infection Control
    - Strategies to achieve goals

Joint Commission Survey Findings
Nov 2006 – Oct 2007



FY07 MEDINSGEN Findings



- MOUs and Sharing Agreements (5)
- Drug-Free Workplace Program (5)
- Retention/Career Development (5)
- Urinalysis Program (6)
- Civilian Time and Attendance (6)
- PHA/IMR (7)
- Professional Development (8)
- Command Managed Equal Opportunity (9)
- Voting Assistance Program (10)
- HMSB (11)
- Command Evaluation Program (11)
- Equpment Management Program (11)

25 Inspections/182 Findings Requiring

Impact of Regionalization on MEDINSGEN Inspections

- **NAVINSGEN**
  - **Improved working relationships and communication**
- **CNI**
  - **Hotline Investigations for BSO 18 transferred to Navy Medicine**
  - **Programs formerly reviewed by RLCs transferred to Navy Medicine**
  - **Opportunity to share/augment expertise**
- **HQMC(IGMC)**
  - **Pending MOU to delineate roles and responsibilities for hotline complaints**
- **MEDINSGEN**
  - **Echelon III inspections began FY07**
- **SOH Program**
  - **Establish SOH billet at MEDINSGEN**
  - **Regional Command responsibility for MEDOSH oversight**

BUMED Hotline Program

- Primary responsibility: to receive and evaluate allegations pertaining to fraud, waste and abuse concerns and complaints and conduct an inquiry or investigation if appropriate
- To ensure complaints are efficiently and effectively investigated and reported, close relationship with:
  - Office of the Naval Inspector General
  - Department of Defense Inspector General
  - Other Defense agencies' Inspectors General
- 1-800-637-6175 or DSN 295-9019

2006 Hotline Investigation

- NME - 38 Investigations, 26 Allegations substantiated. Recouped >$3K (timekeeping abuse)
- NCA - 19 Investigations, 13 Allegations substantiated.
- NMSC- 31 Investigations, 21 Allegations substantiated. Recouped >$10K
- NMW -142 Investigations, 53 Allegations substantiated.

2006 Hotline Investigations (cont)

- Preliminary Inquiries -96
- MED IG Investigations -12
  - 5 Allegations Substantiated
- Contacts average 4/day
- Total Hotline Investigations – 326 *
    - * Reflects Command Directed Investigations
  - 141% increase from 2005
  - 118 Allegations Substantiated
  - Average turn around time 90 days

Top Five 2006 Hotline Issues

- Appearance of Impropriety
- Discrepancies and/or fraud surrounding time and attendance
- Misuse of Government Equipment or Resources
- Mismanagement/Oversight
- Dereliction of Duty

Additional Information

- BUMEDINST 5040.2B
- MEDINSGEN Website (Navy Medicine Online)
  - http://navymedicine.med.navy.mil
    - “BUMED” tab
    - “Departments” on left
    - “Medical Inspector General (M00IG)”

Questions